

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

RECEIVED

MAR 18 2009

ORS
T.T.W.W/WDOCKET
NUMBER: 2009 128 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Alonzo Hamilton
Address: 259 Sweet Alyssum Dr
Ladson, SC 29456Telephone: 843-851-8359
Fax: _____
Other: _____
Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29210)

Office # (803) 896-5100 - Fax # (803)-896-5199

MAR 18 2009

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ORS
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215803

CLASS C - CHARTER

DATE 3-6, 2009APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ALONZO HAMILTON D/B/A HAMILTON LIMO SERVICE

2. (a) Street Address of Applicant 259 Sweet Alyssum Dr.
LADSON, SC 29456

(b) Mailing address, if different from street address

SAME

(c) Telephone Number 843-851-8359

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: MARCH Year: 09

Assets:	
Cash	16,000.00
Receivables	0.00
Real Estate	225,000.00
Buildings and Equipment-Net	22,000.00
Motor Vehicles-Net	
Garage Equipment-Net	0.00
Machinery and Tools-Net	
Supplies on Hand	5,277.00
Prepays and Other Assets	75,000.00
Total Assets	343,277.00
Liabilities and Equity:	
Accounts Payable	160.00
Notes Payable	0.00
Mortgages Payable	174,000.00
Equipment Obligations	17,000.00
Accrued Salaries and Wages	0.00
Other Accrued Obligations	0.00
Other Liabilities	910.00
Total Liabilities	193,510.00
Capital Stock	
Retained Earnings	
Total Equity	149,767.00
Total Liabilities and Equity	343,277.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Alonzo Hamilton, Owner
(Name of Applicant's Representative) (Title)
of Alonzo Hamilton D/B/A
Hamilton Lime Service the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Charleston
This the 6th day of March 2009
Robert A. Wilson
(Notary Public)

Alonzo Hamilton
(Signature of Applicant's Representative)

Commission Expires: 04/09/2011

EXHIBIT C

CLASS C CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant ALONZO HAMILTON D/B/A HAMILTON LIMO SERVICE

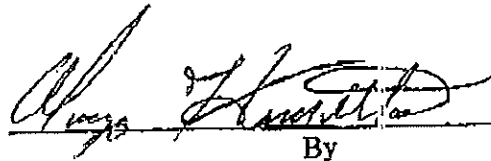
For the transportation of passengers as follows:

Area to be served: Dorchester, Berkeley, CharlestonNumber of passengers: 7Fares: 2.15 Per mile for 1st 2. Pass 12.00Each Addl Passenger

Date

03/06/09

By

OWNER

Title

Rev.10/03

INSURANCE QUOTE

The following insurance quote is for:

National Casualty Co.

(Name of Motor Carrier)

8877 North Gainey Center Dr, Scottsdale, Arizona 85258

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

~~3913.00~~ ⁷ 3913.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

NATIONAL CASUALTY COMPANY

(Insurance Company Name)

Center
8877 North Gainey Dr, Scottsdale, AZ ARIZONA 85258

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

03/06/2009
Date

R. A. Wright

(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWAName: Alonso Hamilton D/B/A Hamilton Lim ServiceAddress: 259 Sweet Alyssum Dr. Ladson, SC 29456Telephone No. 843-851-6359 Fax No. NONEU.S.D.O.T. No. _____ ICC No. _____ PSC Filing Applied For

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No X

(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At CharlestonThis 6th day of March, 2009
(Notary Public)Commission Expires: 04/09/2011

TRANSMISSION VERIFICATION REPORT

TIME : 03/17/2009 12:15
 NAME : R A WRIGHT AGENCY
 FAX : 843-766-0200
 TEL : 843-766-5300
 SER.# : 0005J146041

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

03/17 12:13
 18038965199
 00:02:38
 14
 OK
 STANDARD
 ECH

R. A. Wright Agency
 P. O. Box 22337
 661 St. Andrews Blvd.
 Charleston, SC 29417-2337
 Phone: 843-766-5300 Fax: 843-766-0200

Alonzo Hamilton
 259 Sweet Alyssum Drive
 Ladson, SC 29456

MEMO

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03/17/2009

QUOTING

CA-5

03/15/2009 03/15/2010

* * * F A X * M E M O * * *

TO: Public Service Commission
 FAX #803-896-5199
 ATTN:
 PAGES: 4/-

DATE: 3/17/09

RE: Alonzo Hamilton

Please see enclosed application for Class C-Charter for Alonzo Hamilton. Please call
 Bob Wright or Nicole Kelly if any other information is needed to
 complete this.